P.01

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000377093)))





Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118 Phone

: (407)581-9800

Fax Number

: (407)581-9801

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Addre	86:		
-------	-------	-----	--	--

REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO.

RAL FLORIDA ACCOUNTABLE CARE ORGANIZATION, LLC



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. BALY EXAMINER FEB 1 4 2011

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

11 FEB | | AM 10: 33

SECRE | AM 20 STATE

ARTICLES OF ORGANIZATION

CENTRAL FLORIDA ACCOUNTABLE CARE ORGANIZATION, ELONG A Florida Limited Liability Company

ARTICLE I NAME

EFFECTIVE DATE

The name of this limited liability company is CENTRAL FLORIDA ACCOUNTABLE CARE ORGANIZATION, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company are as follows:

235 Hatteras Avenue, Suite 200 Clermont, FL 34711

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on February 10, 2011.

ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Gregory W. Meier, Esq. Shuffield, Lowman & Wilson, P.A. 1000 Legion Place, Suite 1700 Orlando, FL 32801

ARTICLE V APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

Gregory W. Meier, as Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608 of the Florida Statutes.

Gregory W. Meier